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SC	CHEDULE B (FEC Form 3)				FOR LINE NUMBER: PAGE 131 OF 192								
ITEMIZED DISBURSEMENTS			Use separate sch for each category Detailed Summar	of the	(check only of	, ,	11	8 0b	П	19a 20c		19b 21	
	ly information copied from such Reports and State for commercial purposes, other than using the nar				person for the	purpo	se o	f solid		contrib	oution		
	NAME OF COMMITTEE (In Full) Lynn Jenkins For Congress												
Α.	Full Name (Last, First, Middle Initial) District Taco						Date of Disbursement						
	Mailing Address 656 Pennsylvania Avenue SE						01	Ш	_	2014			
	City Sahington	Amount	Amount of Each Disbursement this Period										
	Purpose of Disbursement food and beverage			003	96.78 Transaction ID : B-S-8555					_			
	Candidate Name			Category, Type	[MEMO ITEM]								
	Office Sought: House Disburser Senate President	nent For: Primary Other (s	General		Subitem	Subitemization of Intrust Card Center(09/13/14)							
_	State: District: Full Name (Last, First, Middle Initial)												
В.	Dol Frigge					Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State DC	Zip Code 20004-2401		Amount	of Ead	ch Di	sburs			Period		
	Purpose of Disbursement food and beverage	003		1911.95									
	Candidate Name	Category, Type		Transaction ID : B-S-8547 [MEMO ITEM]									
	Office Sought: House Disburser Senate President	nent For: Primary Other (s	General	3,62		Subitemization of Intrust Card Center(09/13/14							
	State: District: Full Name (Last, First, Middle Initial)												
C.	Bobby Vans Steakhouse					Date of Disbursement							
	Mailing Address 1201 New York Avenue NE					/ D	29	/		y y 2014	Υ		
	City State Washington DC	Amount	Amount of Each Disbursement this Period 1629.49										
	Purpose of Disbursement food and beverage									Transcati			
	Candidate Name				Transaction ID : B-S-8551 [MEMO ITEM]								
_	Office Sought: House Disburser Senate President	nent For: Primary Other (s	X General		_	Subitemization of Intrust Card Center(09/13/14							
	State: District:						_		_		_	_	
1						-	-				-		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....